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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ne Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/632,456 TRANSMITTAL Filing Date July 31, 2003 First Named Inventor **FORM** Tzu-Jin Yeh et al. Art Unit 2811 **Examiner Name** Gene M. Munson (to be used for all correspondence after initial filing) Attorney Docket Number N1085-00039 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **√** Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Return Receipt Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Commissioner is hereby authorized to charge any fees due in connection with this Reply to Missing Parts/ submission, or credit any overpayment, to Deposit Account No. 04-1679. Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Duane Morris LLP Signature Printed name Date Reg. No. July 18, 2005 36.593 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on ED 108855618 US the date shown below: Signature WILLICA Date Maria E. Provencio July 18, 2005 Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

Application Type	Under Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent and Tra espond to a collection of infor	demark Office; U.S. DEPARTMEN mation unless it displays a valid O	MR control number				
FEE TRANSMITTAL Filing Date Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 450.00 METHOD OF PAYMENT (Check all that apply) Check Credit Card Money Order None Other (please identify); Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit card information should not be included on this form. Provide credit card information and authorization on PTD-238. WARNING: Information and authorization on PTD-238. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (S) F	Effective on 12/08/2004. Complete if Known							
FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 450.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Depost Account Number, 04-1679 Deposit Account Number, 04-1679 Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Fee (S) Fee (S) Fee (S) Fee (S) Fee (S)	Tees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 10/632,456						
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TOTAL AMOUNT OF PAYMENT (\$) 450.00 At Unit	Applicant claims small entity status See 37 CER 1 27	Examiner Name	Gene M. Munson					
Check		Art Unit	2811					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1679 Deposit Account Name: Duane Morris, LLP	TOTAL AMOUNT OF PAYMENT (\$) 450.00	Attorney Docket No.	N1085-00039	<i>_</i>				
Deposit Account Deposit Account Number 04-1679 Deposit Account Name: Duane Morris, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge and validional fee(s) or underpayments of fee(s) Credit any overpayments Credit and 1:17 Credit any overpayments Credit any overpayments Credit and information and authorization on Pro-2038. Fee CALCULATION	METHOD OF PAYMENT (check all that apply)							
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Signature	WO	6/	VIC	well	Registration No. (Attorney/Agent) 36,593	Telephone (619) 744.2200
Name (Print/Type)	$\overline{}$		7			Date July 18, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.